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Theresa Wambui (Ph.D)

Senior lecturer, School of Nursing, Moi University, Eldoret, Kenya

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Theresa Wambui (Ph.D)

Senior lecturer, School of Nursing, Moi University, Eldoret, Kenya

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teachers, head of students' affairs and pupils respectively. The study found that schools do not have a clinic for medical attention of the children. When children are attacked in school and taken to the hospital, they are not requested to pay medical fees in school, the schools don't hold regular check up on children, some children are aware of chronic illnesses, though not sensitized very often about chronic illnesses. This paper recommends in-service training that will enable teachers understand how to manage students with chronic illness. There is also need for a school based care plan that allows effective communication and consultation between the family and school on best ways of managing the sick child, and modification of environment to ensure access to school facilities and activities for chronically ill children.

Introduction

A large and growing number of students have chronic illnesses that affect their emotional development, physical development, academic performance, and family interactions. A significant common error in educating those students is assuming that the outcomes of their illnesses are solely medical. The wide-ranging effects of many chronic illnesses are usually addressed by medical professionals and families with less available school professionals to address such. So far, knowledge of medical issues typically is not part of the curriculum for training teachers, psychologists, or any other educators in learning environment. The gap between strategies of managing chronically ill children in schools and need for management of chronic ill children in schools is wide. Without changes in pre-service and in-service training, this gap is likely to grow wider.

Abstract

Children with chronic illness are at the intersection of the health and education systems. Unfortunately, typical educational programs and policies are not designed to support them. This paper presents findings on the effectiveness of school management strategies for chronically ill school-going children in Ainabkoi Sub-County. The study employed a descriptive research design. Primary schools in Ainabkoi sub-county, head teachers and head of students' affairs in schools were informants for the study. Purposive sampling and simple random sampling was used in selecting head

Chronic illnesses are long-term or permanent medical conditions that have recurring effects on everyday life. Common chronic illnesses include asthma, sickle cell, epilepsy, cancer, diabetes, eating disorders, sleep disorders, and traumatic brain injury. Less common, but no less severe, illnesses include sickle cell disease, seizure disorders, and HIV/AIDS (Shaw, Glaser, Stern, Sferdensch, & McCabe, 2010). The number of children aged 5-15 years who have chronic illnesses is growing because of medical advances that have increased the number of diagnoses. The life expectancy and functional abilities of children with many different chronic illnesses (such as leukemia) has also increased because of medical advances. What may have once been a terminal illness is now considered chronic.

Carter et al. (2012), suggests that social skills prevention and interventions are necessary for some children with chronic illness. Carter et al. (2012) recommended that a comprehensive assessment of social competence, including parent and child perspectives, should be used to guide referral decisions. Pao and Ludi (2011) asserted that approximately 20% of children with chronic medical conditions have behavioral and emotional symptoms. These symptoms are normal responses to illness and hospitalization, but when they become compulsive and impair a child's development, early intervention and even prevention are needed.

According to Sein (2001), one of the main aims of management for a child dealing with a chronic illness should be to help cope with the reality of having an illness. Self-esteem is an important aspect of the coping mechanism and it could be promoted through intellectual and creative skills as well as through physical activities such as play and sports. A supportive atmosphere which encourages expression of feelings is also a powerful coping mechanism.

Relationships, such as those with peers, may be critical in coping with long-term illness. Close peer relationships are an important source of support. The development of emotional and behavioral problems in children and adolescents are likely to impact academic performance as well (Chesson, Chisholm, Zaw, 2004). It has been recognized that children's problems in one sphere of life, for instance at home or in school, cannot be treated in isolation (Chesson, Chisholm, Zaw, 2003). Pediatric specialists and school counselors should collaborate more closely because they deal with common psychosocial issues. Resources may be used more effectively, through joint programs, for instance, regarding approaches to patient education. Greater contact between pediatricians and school counselors may also be beneficial (Chesson, Chisholm, Zaw, 2003).

Nims (2007) examined the positive effects of integrating play therapy techniques into solution-focused brief therapy, it was found that children are more resilient and flexible than adults. Irwin and Elam (2011) feel educators are among the group of professionals responsible for ensuring quality of life experiences for students living with chronic illness, however typical educational systems and policies are not designed to lend support to students battling chronic illness. Schools face challenges incorporating children with different illnesses into the classroom. Most children spend nearly half their waking hours

with their teacher and school personnel. Yet most educators have had little training about the needs of children with medical conditions in the classroom.

With limited knowledge and resources, well intended teachers and administrators might respond to severe health episodes with impromptu plans, inadvertently creating educational barriers, eliminating the possibility of a reasonable educational experience for students with an illness. Many children with chronic illness do not immediately fit into any pre-established programs in schools. Even when these children return to the classroom, the educator's lack of familiarity with the educational implications of the child's disease creates further challenges. Most often, those charged with the responsibility of properly educating children with chronic illness are unaware of the complexity of academic issues that have been introduced to the child's classroom experience. Many children with chronic illness have lower achievement test scores than their healthy peers, even without evidence of cognitive impairments (Irwin & Elam 2011). However, many chronic illnesses actually do result in cognitive impairments. Evidence exists that teachers may attribute problems to the illness, thus allowing the impaired learning to continue without further intervention, deepening frustration and failure for the student.

In India, as in many developing countries, public health advocacy to date has been mainly devoted to infectious diseases. However, we now have major public health issues due to chronic diseases that need to be addressed with equal energy and focus. This World Health Organization report, preventing chronic diseases: a vital investment is of relevance to me, as Indian Minister for Health, as my country tackles the increasing number of issues relating to chronic disease. The scale of the problem we face is clear with the projected number of deaths attributable to chronic diseases rising from 3.78 million in 1990 (40%) to an expected 7.63 million in 2020 (67%) of all deaths.

Chronic illnesses affect at least 10 to 15% of children in the world today. Responding to the needs of students with chronic conditions, such as asthma, allergies, diabetes, and epilepsy, in the school setting requires a comprehensive, coordinated, and systematic approach. Students with chronic health conditions can function to their maximum potential if their needs are met. The benefits to students can include better attendance, improved alertness and

physical stamina, fewer symptoms, fewer restrictions on participation in physical activities and special activities, such as field trips, and fewer medical emergencies. Schools can work together with parents, students, health care providers, and the community to provide a safe and supportive educational environment for students with chronic illnesses and to ensure that students with chronic illnesses have the same educational opportunities as do other students.

Methodology

The study employed a descriptive research design. Primary schools in Ainabkoi constituency including Head teachers and head of students' affairs in schools were informants for the study. Purposive sampling and simple random sampling was used in selecting head teachers, head of students' affairs and pupils respectively.

Table 1: Management of the chronic illness

Management of the chronic illness	Frequency	Percentage (%)
Visiting them in hospital	50	34.48
First aid kit	70	65.52
Communicating to their parents in case of attack	120	100.0

From table 1 above, 65.52% of the respondents manage their chronic illnesses through constant medication while 34.48% through frequent visits to the hospital. This implies that the respondents can manage their illnesses through proper medication.

The Role of School Management in Regard to Children with Chronic Illness

The study sought to evaluate the role of School Management in regard to children with chronic

Table 3: Clinic for Medical Attention

Clinic for medical attention	Frequency	Percentage (%)
Yes	20	13.79
No	100	86.21
Total	120	100

Analysis in table 3 above, majority of the respondents 86.21% indicated that there were no clinics for medical attention while 13.79% stated that there were. This shows that most school do not have clinic facilities that can handle cases of children with chronic illness.

Results and Discussion

This section discusses results for the strategies used in management of chronic ill children in primary schools.

Type of school

The study was interested in the type of school. According to 80% of the schools were public day schools, whereas 20% were private day school. These results imply that there are more private day schools than public schools. This could be a resultant of commercialization of primary school education which has seen rapid growth of private schools.

Management of the Chronic Illness

The study sought to uncover how schools manage chronic illnesses among children. An interview was conducted among the head teachers of the sampled schools. The results are as shown in table 1.0 below.

illness. A question was asked in this regards whose responsibility it was for chronic ill children in school. The study sought to understand whether the schools have a clinic where the children can attend for medical attention. the results are shown in table 2 below:

Chronic Illness in School

The study sought to reveal how the school going children are handled when they are get sick in School. The results are presented in table 4 below.

Table 4 Sickness in School

Attack in School	Frequency	Percentage (%)
First Aid	40	33.3%
Taken to hospital	8	6.7%
Call parents	72	60%
Total	120	100

Majority of the respondents 60% indicated that they call the parent of the sick child in case the child gets an attack in school, some 33.3% stated that they give first aid to this children while very few 6.7% take the attacked children to hospital. An interview with class teachers revealed that they chose course of action especially calling the parent depending on the condition, frequency. This result imply that most schools rely on parents for management of chronic ill children despite charging medication fee in the school fees. This could also mean that most Schools

in the study area are not equipped to handle children with chronic illness. This finding concurs with the sentiment by Cramer (2000) who noted that in Africa schools have many teachers but poorly equipped to handle sickness.

Teachers Awareness Social or Psychological Problems encountered by sick children

The study sought to find out if the teachers are aware of the social and psychological problems facing the children with chronic illnesses.

Table 5: Teachers Awareness of your Social or Psychological Problems

Teachers Awareness Social or Psychological Problems	Frequency	Percentage (%)
Yes	80	66.7
No	40	33.3
Total	120	100

According to table 5 above the results shows that 66.7% indicated yes while 33.3% indicated no. This implies that the teachers are not aware of the social and psychological problems facing children with chronic illness.

Psychosocial Support

The study also sought to determine the strategies used to provide psychosocial support in children with chronic illness. They were asked if they have a psychosocial support department and the results are presented in table 6 below.

Table 6: Psychosocial Support Department

Psychosocial support department	Frequency	Percentage (%)
Yes	20	17.3%
No	100	83.3%
Total	290	100

Majority of the respondents 82.76% indicated that they did not have psychosocial support in their school while a minority 17.24% indicated that they had a psychosocial support department in the school. This implies that most schools don't have a psychosocial support department. An interview with teachers revealed that such groups were in existence for some

time but failed due to lack of interest by teachers in being active in socio support departments.

Referral System for chronic conditions

The study sought to uncover if the School have a referral system for chronic illnesses.

Table7 Referral System for Chronic Conditions

Referral system for Chronic conditions	Frequency	Percentage (%)
Yes	20	17.76
No	100	82.24
Total	120	100

Majority of the respondents 82.76% indicated yes while 17.24% indicated no. This shows that most schools in Uasin Gishu County have a referral system.

Conclusion and Recommendations

The paper concludes that the schools do not have a clinic for medical attention of the children, however, when children are attacked in school and taken to the hospital; they are not requested to pay medical fees in school; the school doesn't hold regular check up on

the children. Some children are aware of chronic illnesses, though not sensitized very often about chronic illnesses. This paper recommends in-service training that will enable teachers understand how to manage students with chronic illness. There is also need for a school based care plan that allows effective communication and consultation between the family and school on best ways of managing the sick child, and modification of environment to ensure access to school facilities and activities for chronically ill children.

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